

## **Social Environment Working Group Hypotheses Under Development**

The Social Environment Working Group is developing a unified document describing dimensions of the social environment relevant to health, the pathways through which various social environmental factors influence child health and development, and measurement and study design issues. It will include hypotheses linking key constructs in various domains of the social environment to health outcomes and hypotheses that address the pathways to health outcomes across domains of the social environment.

### *Integrative Hypotheses*

#### *Obesity*

Economic, cultural, social, and policy characteristics of the social environment influence the development of obesity from conception to adulthood. These factors operate largely through influences on family, social network, and physical environmental resources and processes that affect energy balance (diet and activity).

#### *Asthma*

Social factors and processes, including housing discrimination, opportunity structures, public policies, cultural norms, social supports, and exposure to stressful life events and environments contribute to disparities in the prevalence and severity of asthma by race and socioeconomic status.

Sub-hypothesis 1. Policies, programs, and the institutions that implement them moderate the effects of family and neighborhood economic disadvantage on children's exposure to environmental pollutants and antigens and influence the etiology and management of asthma by influencing exposure to stress and health care access.

Sub-hypothesis 2: Economic, cultural, and social features of the local area influence: (1) exposure to stressful life conditions and events; (2) the availability of social ties that provide informational, emotional and instrumental resources to individuals and families; and (3) shared norms influencing health behaviors. These, in turn, influence outcomes including immunological functioning in the child, the likelihood that the child will develop asthma, and asthma severity and management.

### *Domain-Specific Hypotheses*

#### *Family and Households*

Changes in parental unions, family composition, and living arrangements can serve as facilitators or inhibitors of healthy child outcomes. Multiple changes over time in any of

these compromise physical and mental health. Pathways to specific health outcomes are mediated by family routines and conflict/cohesion.

### *Social Networks*

Social connections are associated with a broad range of child health outcomes via social support (emotional, instrumental, informational), social engagement, and social influence.

Sub-Hypothesis 1.1: Social ties that provide instrumental and/or emotional support to families and children help to prevent the onset of asthma and to facilitate its management.

Sub-Hypothesis 1.2: Social relationships that are abusive contribute to the onset of depression and other mental health problems.

Sub-Hypothesis 1.3: First generation and more recent Mexican immigrants experience lower rates of obesity and infant mortality in part because of their stronger social ties within ethnic communities that share norms for physical activity, healthy dietary habits, and other behaviors.

Sub-Hypothesis 1.4: Weak ties and diverse social ties result in greater access to information, and other resources relevant to promoting health.

Neighborhood social cohesion, collective efficacy, and social capital influence child health outcomes through such mechanisms as social control, social influence, and stress.

Sub-Hypothesis 2.1. Collective efficacy in neighborhoods reduces the incidence of high risk behaviors among children and adolescents, such as smoking, drinking, and drug use.

Sub-Hypothesis 2.2. When maintaining social cohesion imposes excessive obligations and role strain on individual subgroups (e.g., women), residing in highly cohesive neighborhoods may be associated with worse mental health outcomes.

### *Community and Neighborhoods*

Where one lives affects exposure to social, physical, psychological, and environmental factors that increase the risk of developing health problems such as asthma and decreased access to protective resources.

### *Income, Socioeconomic Status*

Socioeconomic gradients in child health and developmental outcomes may be explained by multiple pathways involving health behaviors, parenting, social resources, stress, and the reciprocal effects of health on socioeconomic status.

- More highly-educated parents may make better use of medical information that protects their children's health, or may be more able to follow medical protocols.
- Higher incomes may enable parents to choose less-hazardous living environments, to provide their children with better nutrition, or to purchase higher-quality medical care.
- Stress associated with low income, low job status, unemployment, and social inequality may undermine parenting behaviors that promote children's health and development.
- Higher socioeconomic status may facilitate access to social resources (e.g., diverse social networks, family stability, and "social capital") that provide access to health information and services, buffer stress, and improve material well-being.
- The association between parents' socioeconomic status and children's health may arise because of common genetic or environmental influences linked to both poor health and status.
- Poor childhood health may adversely affect family economic status.

### *Formal Institutions*

Participation of children and families in community institutions influences children's health and development through a variety of pathways, including social connectivity and access to services and other resources.

Quality child care settings improve cognitive and social functioning in children who attend them.

Families' engagement with religious institutions influences child health and development through pathways including social support, establishment of behavioral norms, social control, direct service provision or referrals, and psychological mechanisms that buffer stress.

### *Policy*

Policies and programs that buffer families from risks, instability, and hardship have positive effects on child health/development.

Variations in policies and programs by state and by size of community contribute to child health differentials across place.

